PTO/SB/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 65807 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE BASIC FEE (37 CFR 1.16(a)) RATE FEE OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT *(37 CFR 1.16(d)) **OR** ء. * If the difference in column 1 is less than zero, enter "0" in column 2. "TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY (Column 1) (Column 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE RATE **AFTER** PREVIOUSLY **EXTRA** ADDI-TIONAL MENDMÈNT TIONAL PAID FOR FEE Total . (87 CFR 1.16(c)) ENDM FEE Minus X \$ OR Independent (37 CFR 1.16(b)) inus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL DD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING PRESENT NUMBER RATE ADDI-RATE AFTER. AMENDMENT PREVIOUSLY ADDI-**EXTRA** TIONAL TIONAL PAID FOR FEE FEE Total (37 CFR 1,16(c)) ENDM Minus OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ÓR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADD1-ENT RATE ADDI-AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) FEE Minus ENDM OR X \$ Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN-THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

				12	765	8	079			
				Application or Docket Number						
Effective January 1, 2003					10628019					
					SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
STAL CLAIMS	31		RA	RATE FEE			RATE	FEE		
FOR	NUMBER FILED NUMBER EXTRA		BASIC	FEE	375.00	OR	PASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS	3 minus 20= * 11		XS	9=	99	OR	X\$18=			
NDEPENDENT CLAIMS 5 minus 3 = 2		9	X4	2=	84	OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESENT			+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter *0* in column 2			TO	TAL	558	OR	TOTAL	T		
CLAIMS AS AMENDED - PART II OTHER THAN										
02/02/05 (Cotumn 1)	(Colu	ımn 2) (Cotumn 3)	SM	ALLE	NTITY	OR	SMALLE			
CLAIMS REMAINING AFTER AMENDMENT Total Total Independent Total Total Total Total Total Total Total Total Total	NUA PREVI	HEST MBER PRESENT TOUSLY EXTRA	R∕a	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE		
Total • 27	Minus +=	74	XS	9=		OR	X\$18=			
Independent • U	Minus ***	// -	X4	2=		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				40=		OR	+280=			
		•		OTAL		100	TOTAL	-		
# 6/24/0 Scolumn 1)	(Ca)	umn 2) (Çolumn 3		T. FEE			ADDIT, FEE			
CCOLUMN CLAIMS REMAINING AFTER AMENDMENT Total Independent	HIG NU PREV	SHEST IMBER PRESENT VIOUSLY EXTRA	7	ATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total • 29	Minus ++	31 = 0	1 x	9=		OR	X\$18=			
Independent • 4	Minus ess	5 - 0] x	42=/		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			٠,	40=		OR	+280=			
2 1	•		ADD	TOTAL IT. FEE			ADDIT. FEE			
11/20/05 (Catumn 1	(Col	lumn 2) (Column :	73			Ŀ	0.1			
CLAIMS REMAINING AFTER AMENDMEN Total Independent TOTAL TOTAL	PIK NI PRE	GHEST UMBER PRESENT EVIOUSLY EXTRA ND FOR	R	ATE	ADDY TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total - 28		31 -0] [x	\$ 9=	V	OR	X\$18=			
Independent • 4	Minus ***	5 •()] ,	42-	1	OF	X84=			
FIRST PRESENTATION OF	MULTIPLE DEPENDE	NT CLAIM		40=		OF				
A Man and the section of the large than the print in column 2 write "" in column 3.						OF	TYTTA			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
The Pagness number Prevents year For (1985) The Pagness Number Prevents Office U.S. DEPARTMENT OF COMMERCE										